PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	09610.1271
First Named Inventor	Alan K. Schaer
Original Patent Number	6,251,107
Original Patent Issue Date (Month/Day/Year)	06/26/2001
Express Mail Label No.	EV 301463949 US

Address to:

Mail Stop REISSUE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

APPLICATION FOR REISSUE OF: [✔] Utility Patent   [ ] Design Patent   [ ] Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS

APPLICATION ELEMENTS (37 CFR 1.173)

1. [✔] Fee Transmittal Form *(PTO/SB/56)* *(Submit an original, and a duplicate for fee processing)*
2. [✔] Applicant claims small entity status. See 37 CFR 1.27.
3. [✔] Specification and Claims in double column copy of patent format *(amended, if appropriate)*
4. [✔] Drawing(s) *(proposed amendments, if appropriate)*
5. [✔] Reissue Oath/Declaration (original or copy) **UNSIGNED** *(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*
6. [✔] Power of Attorney **UNSIGNED**
7. Original U.S. Patent currently assigned? [✔] Yes [ ] No
   (If Yes, check applicable box(es))
   [✔] Written Consent of all Assignees *(PTO/SB/53)* **UNSIGNED**
   [✔] 37 C.F.R. § 3.73(b) Statement **UNSIGNED** (PTO/SB/96)
8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*
   a. [ ] Computer Readable Form (CRF)
   b. Specification Sequence Listing on:
      i [ ] CD-ROM (2 copies) or CD-R (2 copies); or
      ii [ ] paper
   c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. [ ] Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. [ ] Original U.S. Patent for surrender
    [ ] Ribboned Original Patent Grant
    [ ] Statement of Loss (PTO/SB/55)
12. [ ] Foreign Priority Claim *(35 U.S.C. 119)* *(if applicable)*
13. [ ] Information Disclosure Statement (IDS)/PTO-1449   [ ] Copies of IDS Citations
14. [ ] English Translation of Reissue Oath/Declaration *(if applicable)*
15. [✔] Preliminary Amendment
16. [✔] Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*
17. Other: Offer to submit original
    Letters Patent

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PTO/SB/56 (04-01)
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
09610.1271

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra		Small Entity Rate	Fee		Other than a Small Entity Rate	Fee
(A) 35	Total Claims (37 CFR 1.16(j))	(B) 77	**** 57	=	x $9 =	513.00	or	x $____ =	
(C) 9	Independent claims (37 CFR 1.16(i))	(D) 18	* 8	=	x $ 42 =	336.00		x $____ =	
			Basic Fee (37 CFR 1.16(h))		$ 375.00			$	
			Total Filing Fee		$1224 00		OR	$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee		Other than a Small Entity Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x $ =			x $____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x $ =			x $____ =	
			Total Additional Fee		$		OR	$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

[✓] Applicant-claims small entity status. See 37 CFR 1.27.

[ ] Please charge Deposit Account No. _____ in the amount of _____.
    A duplicate copy of this sheet is enclosed.

[✓] The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
    credit any overpayment to Deposit Account No. 13-0201 _____.
    A duplicate copy of this sheet is enclosed.

[✓] A check in the amount of $ 1224.00 _____ to cover the filing / additional fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

6/20/03
Date

Signature of Applicant/Attorney or Agent of Record

Edward J. Lynch, Reg. No. 24,422

Typed or printed name